

All Children attending this event are required to complete a Permission Slip

Back to School Swim Party for Treehouse Kids & Families
August 6th, 2010

CHILDREN'S MINISTRY of GRACE FELLOWSHIP CHURCH
PERMISSION AND MEDICAL RELEASE FORM

Child's Name _____ Date of Birth _____
(mm/dd/year)
Parent/Guardian's Name: _____

Undersigned as natural parent or custodial guardian grants permission for _____, minor (hereinafter referred to as "permittee"), to attend the following church activity on the day(s) indicated.

Drop Off (If desired): @ Bethesda Aquatic Center 6:30 PM

****for Treehouse kids only.**

Place of Event: Bethesda Aquatic Center

Type of Activity: Swim Party for the Treehouse Kids

Day/Date/Time: Friday, August 6th, 2010 from 6:30-8:30PM

Pick Up: 8:30 PM in the Lobby of Bethesda Aquatic Center

Cost per Person: \$10 includes Swimming, Pizza & Dessert

What to Bring: Swimsuit (wear it!) and a Towel – please be modest!



Questions? Email Annabelle @ treehouse@gfc.tv

Should immediate medical attention be needed for the permittee due to either accident or illness, I grant a representative of Grace Fellowship Church permission to obtain such medical treatment as is required. In consideration for permission to attend the above described church activity, I waive any and all claims for myself, permittee, and my and permittee's heirs against Grace Fellowship Church, its officers, directors, staff, employees, members and volunteers for any injury or illness which may directly or indirectly result from permittee's attendance at or participation in the above described church activity. I further certify that permittee is in proper physical and emotional condition to attend and participate in said church activity.

Signed _____ Date _____
(mm/dd/year)
Relationship to permittee _____

TO THE PARENT OR GUARDIAN:

Should immediate medical attention as described above be needed, attempts to notify you will be made as soon as possible.

Thank you, Grace Fellowship Church.

Your Name _____
Address _____
Home Phone _____ Cell Phone _____

Please list others through whom you can be reached:

Name _____
Address _____
Home Phone _____ Cell Phone _____

Name _____
Address _____
Home Phone _____ Cell Phone _____